STATEMENT OF ORGANIZATION		OFFICE USE ONL
Name and Address of Committee	2. Date of this Statement	5/0
OLLIE TYLER CAMPAIGN	5/12/2014	5/3-1
P.O. BOX 1216	3. Estimated Membership	<b>2</b>
SHREVEPORT, LA 71163-1216	3	
Check If:	4. Amended Statement?	<b>4</b>
New Committee Monthly Filer	YesNo	4004260 # 00/000
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)		
a. Name b. Position c. Address		
MURPHY D. CHEATHAM Chairperson 11225 MAGNOLIA GLEN, SHREVEPORT, LA 71106		
JOHN C. SCHMIDT Treasurer 10010 WINDING RIDGE DR. SHREVEPORT, LA 71106		
<ol> <li>Affiliated Organizations         (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)     </li> </ol>		
a. <u>Name</u> b. <u>Address</u>		c. Relationship to Committee
NONE		
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)		
a. Name b. Address		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: V Principal Campaign Committee Subsidiary Committee		
b. Name of Candidate		c. Office Sought by the Candidate
OLLIE S. TYLER		MAYOR OF SHREVEPORT
9. a. Name of Person Preparing Report JOHN C. SCHMIDT		
b. Daytime Telephone (318) 429 - 2108		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.		
This 12th day of MAY 2014	+	Francis Events Terrestal
1 2 11	<del></del> :	
Murghy) (heathan) 318 191-3886		
√ Signature of Comprettee Chairperson	Dayı	time releptione number
and Arally	12	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Signature of Committee Treasurer, if any		time Telephone Number